



Unscheduled Care Patient  
Experience

Update Report WHSCT

April 2017- September 2017

DRAFT

November 2017

## Contents

Section	Content	Page
1.0	Introduction	2
2.0	Results	2
3.0	Responses to signifiers	3
4.0	Key messages in the stories	6
5.0	Areas for reflection and learning	7
6.0	Update on actions	8
7.0	Conclusion	10
	Appendix 1	12

For further information patients stories contact  
[vi.gray@westerntrust.hscni.net](mailto:vi.gray@westerntrust.hscni.net)

## 1.0 Introduction

This report presents an update on the stories received and actions being progressed in relation to experience of care in unscheduled care from April 2016 – September 2017 as part of the 10,000/10,000 MORE Voices Initiative. It should be noted that although the facility for story collection in unscheduled care has remained open, the Trust facilitator has been focusing on other projects in the work plan.

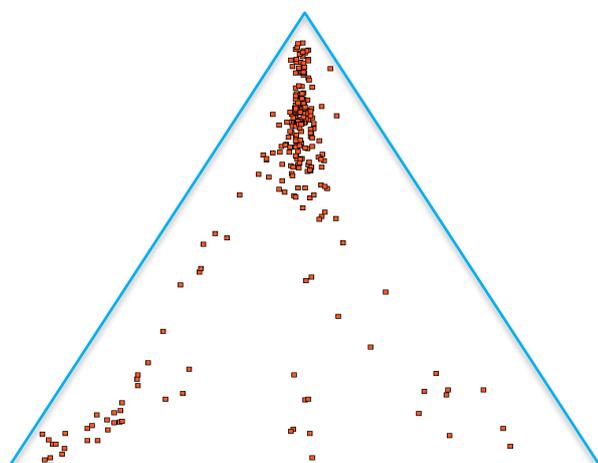
## 2.0 Results

This section presents the results of the information received from **1 April 2016 until 30 September 2017** bringing the total number of stories for WHSCT to 266 (appendix 1). Each dot represents a patient's individual story and this format gives a very visual display to reflect best their experiences received based on questions asked.

## 3.0 Responses to signifiers WHSCT

**Q1. When you arrived at the department what was your first impressions?**

I felt very welcome

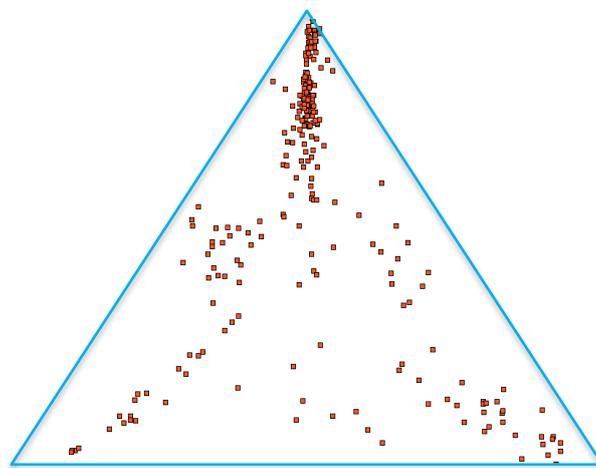


I felt like I was just a number

Staff were abrupt

**Q2. How did you know who was looking after you?**

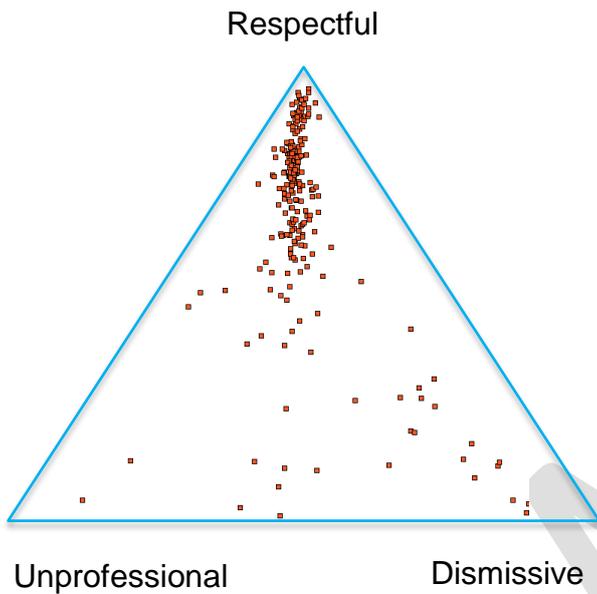
Staff introduced themselves



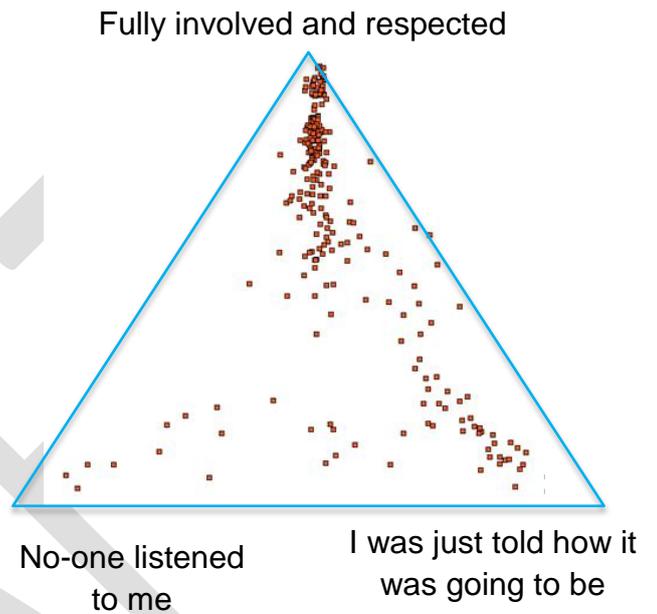
I knew who was looking after me by reading the staff name badges

I had no idea who was who

**Q3. Overall did you feel the staff were..?**



**Q4. How involved were you in your treatment and care?**

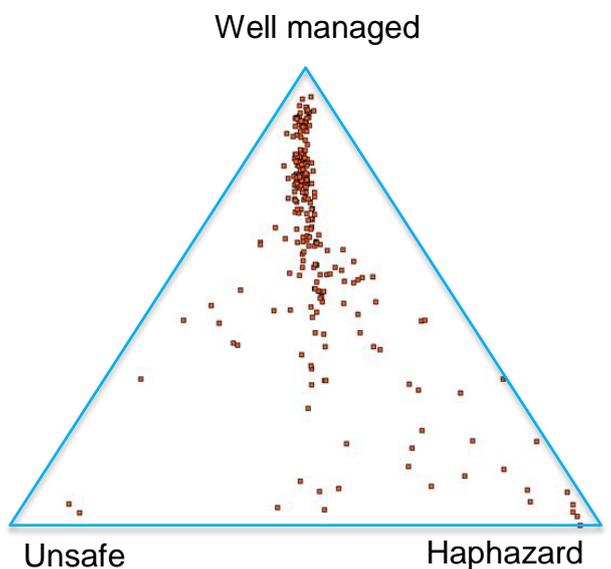


**Q5. Did staff ensure your privacy and dignity were protected?**

I felt that others could hear my personal information



**Q6. Did you feel the department was..?**



**Q7. What was most important to you in this experience?**



**Q8. What would have enabled or supported you to have your care at home?**



#### 4.0 Key Messages in the stories

The key elements of treatment and care which contribute to a positive experience:

Highlighting the areas what matters to patients and their families remain consistent with previous reporting and include the following which are reflected regionally

- Receiving care and treatment in a timely manners
- Being treated and looked after by caring and compassionate staff
- Having confidence and feeling safe with staff
- Having access to timely, accurate information
- Advice on follow up treatment and aftercare

#### Extracts from patients stories

“Remembered my child from last visit- remembered his care. Got him seen and sorted very quickly with minimum of upset for my child. Always cheerful staff listened to what happened on each occasion”

.....then I was allowed home. The next day I had to get a brain scan and they rang me as they said they would and I had it done.

I have attended the GP out of hours a few times over the last 6 months. It is very difficult and frustrating trying to book an appointment to see my own GP

I felt really upset because of the way she talked to us and to my mother. However after that she told us to see this male nurse who did the assessment. This male nurse was so lovely and introduced himself

5.0 Areas for reflection and learning. Similarly, the areas for reflection and learning remain consistent with the previous reporting and include the following:

- Waiting -for assessment/ results/ waiting to be admitted
- Lack of information
- Staff attitude

Extracts from stories

“I know the doctors and nurses have a lot of pressure but I am also entitled to be looked after as well even if I have a drink problem”

“Was treated promptly by staff and diagnosed with multiple pes and sepsis. Antibiotics given within one hour. All A&E staff were excellent

“Advised at midnight would be admitted and put in a drip. Asked to wait in waiting room with drip attached. Waited there until 4am and then offered a bed in a bay and only moved to a ward at 9.30am.”

“The triage nurse did a fantastic job under the pressure of it being so busy and having to deal with disruptive drunk patients.”

“The receptionist was cordial and professional”

“Mother is deaf and at that time was very ill and vulnerable and should have had one of us present”

“The out of hours GP advised there was nothing he could do and offered paracetamol”

## 6.0 Update on actions Theme: Waiting times

Each Trust provided examples of actions being implemented in their organizations; update on the WHSCT actions is as follows:

- Hourly intentional Rounding within the ED department. (Altnagelvin )
- Band 3 HCA now work out of Procedures to expedite all necessary bloods and investigations.( Altnagelvin)
- All nursing and medical staff to keep patient informed of their progress. (Altnagelvin & South West Acute Hospital)
- There was a focused 3 days service improvement event held in May where 99.5% of patients who attended ED were seen and triaged within the 4 hour target. (Alt)
- 4 Band 2 staff to undertake level 3 Diploma in Clinical Skills, commencing Sept 2017. ( Altnagelvin)
- Particularly challenged over the last few weeks with the closure of up to 30 hospital beds and 32 delayed discharges. Highlighted in Gold report (Altnagelvin)
- There has been an undertaking that a second triage room will be available by the end of September to ensure that patients are seen in a timely manner. There is an acknowledgement that in particular ECG waiting times need improved. Trust had secured funding for 3 Chest pain nurses to commence in this financial year.( Altnagelvin )
- Pilot –of self-service triage kiosks: There have been technical problems with the system. Awaiting Evaluation and Input from Technical support manager When it was working it was able to take at least 2 people out of the system each hour thus freeing up the triage nurse for more urgent cases . (Altnagelvin)

### Theme: Staffing levels:

- Nursing staff compliment for the ED will be achieved when 7 Band 5 nurses commence in Sept 2017 (Altnagelvin)

- Processes in place to review job plans and action plans. (Altnagelvin)
- Plans to introduce a new competency framework and regular staff appraisals and clinical supervision (Altnagelvin)
- All staff have been appointed a mentor (WHSCT)
- 4 Band 2 staff to undertake the Level 3 Diploma in Clinical Skills. On completion, they will be promoted to Band 3 ( Altnagelvin )
- Training sessions available for staff (WHSCT)
- 2 New Consultants have been appointed (Altnagelvin)
- Senior Nurses Bands 6,7 & ENPs will start to meet 2 monthly prior to staff meetings (Altnagelvin)
- All staff have been assigned to groups/ clinical supervisor (WHSCT)
- Departmental manager is waiting date from PSNI to carry out Risk assessment in conjunction with Trust Representative from Risk management. Proposed date Sept/October 2017 (Altnagelvin)
- With the additional input and support from Clinical Psychologist, debriefing is now available post traumatic incidents.( Altnagelvin)

#### **Theme: Provision of meals and drinks in the Emergency Departments**

- A review of out of hours provision has been carried out by Support Services manager as a result of meetings held between the ED managers and Support Services to see how further improvements can be made (Altnagelvin & SWAH)
- Patients and relatives are signposted to vending machines, coffee bar, and restaurant facilities.( Altnagelvin & SWAH)
- Meals and drinks provision continue to be monitored by department staff and any issues identified are escalated to departmental manager and Support Services. (Altnagelvin & SWAH)

### **Theme: Provision of pain relief**

- The additional medical triage will aid pain relief to be administered in a timely fashion. (SWAH)
- The ED staff continue to work to improve the provision of adequate and timely pain relief. ( Altnagelvin & SWAH)
- An audit on pain relief focusing on the administration of pain in triage and its effectiveness will be undertaken. (Altnagelvin & SWAH )
- Pain assessment, administration of analgesia and reassessment highlighted at safety briefs. (SWAH)

### **Theme: Privacy and dignity**

- Examples from practice as provided through the 10,000 voices story collection are regularly shared with staff at learning events for reflection and learning in all Trusts.

### **Theme: Staff attitude and behaviour**

- At regional level the PCE/10,000 Voices team continue to provide teaching sessions at undergraduate level and postgraduate level, based on the information received from patients/clients/families and carers.

### **Theme: Communication with patients**

- 'Hello my name is...' has been revisited to address the issue of how patients are greeted
- Work is ongoing in collaboration with Dementia Together NI to capture the experience of patients with delirium: Pilot phase has been completed and live story collection will commence in October 2017
- Pull up display banners are located in Emergency Department highlighting what patients said we did well and what we need to do better and actions highlight responses taken

## **Update on action in relation to compliance with patient/client experience standards**

- Examples from practice as provided through the 10,000 voices story collection are regularly shared with staff at learning events for reflection and learning throughout all Trusts.
- At regional level the PCE/10,000 Voices team continue to provide teaching sessions at undergraduate level and postgraduate level, based on the information received from patients/clients/families and carers
- 'Hello my name is...' continues to be implemented to address the issue of how patients are greeted
- Work is on-going in collaboration with Dementia Together NI to capture the experience of patients with delirium: Pilot phase has been completed and live story collection will commence in October 2017

### **7.0 Conclusion**

The 10,000 Voices initiative continues to provide a rich source of information in relation to experience in unscheduled care across both Acute sites. The survey has been live on the 10,000 Voices website since January 2015, with posters and leaflets available in the Trusts. Since September 2016 the Trust Facilitators have been concentrating on the promotion of other 10,000 Voices projects. The experiences shared have provided a balanced picture of our health and social care services. Whilst it has identified areas for improvement it has also highlighted many more areas of good practice which have been shared with staff and actions undertaken by staff to improve the quality of services for patients by involving patients, listening to patients and learning from them.

DRAFT

Appendix 1

Area	January 2015 – March 2016	April 2016 – September 2017	Total number
GP out of Hours	66	9	75
Minor Injuries Units	8	1	9
Emergency departments	128 (33 SWAH 90 ALT)	23	151
Other	15	0	15
Total	217	33	250
Missing / incomplete data	14	2	16